CITY OF NEWPORT

APPLICANT INFORMATION

169 SW Coast Highway, Newport OR 97365



Employment Application

The City of Newport considers applicants for all positions without regard to race, color, sex, national origin, Disability, marital status, sexual orientation or any other legally protected status.

Last Name				First				M.I.	Date			
Street Address								Apartment/Unit #				
Mailing				City					State ZIP			
Phone				E-mail Address								
Date Available				Position Applied for								
Are you a citizen of the United States? YES				NO \square	If no, are you authorized to work in the U.S.? YES \Box NO \Box							
Have you ever worked for this company? YES \Box			NO 🗆	If so, when?								
Have you ever been convicted of a crime? YES			NO 🗆	If yes, explain								
Are you a Veteran?			NO 🗆	If yes, fill out attached Veterans Preference Form								
EDUCATION/PI	ROFESSIONA	L CERT	IFICATIO	NS								
High School				Address								
From	То	Did you	YES 🗆	NO Degree								
College			Address									
From	То	Did you	graduate?	YES 🗆	NO		Deg	jree				
Other				Address								
From	То	Did you o		YES 🗆	NO		Cerl	t.				
REFERENCES												
Please list three pr	rofessional refer	rences.										
Full Name						Relat	tions	hip				
Company						Phon	ie	()			
Full Name						Relationship						
Company						Phon	ie	()			
Full Name						Relat	tions	hip				
Company						Phon	ie	()			

PREVIOUS EMPLOYMENT - LAST 10 YEARS - USE ADDITIONAL SHEETS AS NECESSARY Company Phone Address Supervisor Job Title Starting Salary Ending Salary \$ Responsibilities -Use Additional Sheets as Necessary From To Reason for Leaving NO \square YES May we contact your previous supervisor for a reference? Phone () Company Address Supervisor Job Title Starting Salary Ending Salary \$ Responsibilities From To Reason for Leaving May we contact your previous supervisor for a reference? YES NO \square Phone Company () Address Supervisor Job Title Starting Salary Ending Salary \$ Responsibilities From To Reason for Leaving May we contact your previous supervisor for a reference? YES NO \square **DISCLAIMER AND SIGNATURE** By my signature/inserting my name below and submitting electronically, I certify that all answers and statements on the application are true and complete to the best of my knowledge. I understand that should the City learn, at any time, of any untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment with the City terminated. I he reby authorize past/present employers and educational institutions to release information concerning my work or educational history to be used solely in determining my qualifications for this position. I hereby release the City of Newport as well as those contracted by the City from any liability or damage which may result from furnishing the information requested. The City of Newport may make copies of this authorization available to those contacted.

NOTE: Applications and/or resumes cannot be returned. The City of Newport cannot make copies. Please make necessary copies before submitting. A new application is required for each position that you wish to be considered for.

Signature

Pre-employment substance screening may be required.

Date

An employment offer may be contingent on passing a physical examination for some position classifications.

American with Disabilities Act accommodations will be provided upon request.



CITY OF NEWPORT 169 SW Coast Highway Newport, OR 97365 541-574-0604

_ DATE:_____

RELEASE AND WAIVER

APPLICANTS NAME:_____

Important: Please read carefully and initial each paragraph before signing.
By my signature and initials placed below, I promise the information provided in the employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omission may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify the City of Newport (hereinafter referred to as the "City") if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired. Initials:
I authorize the investigation of all statements contained in this application and accompanying resume, if any. I also authorize the City to contact my present employer (unless otherwise noted in the application), past employers, listed references and any other persons or entity with knowledge of me. I understand that if my position is one which warrants inquiry, the City may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act I have the right to make a written request to the City, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. Initials:
I authorize any person, school, current employer (except as previously noted), past employer(s), and organizations named in this application form and accompanying resume, if any, and any other person or entity with knowledge of me to provide the City with any information and opinion which the City regards as useful to it in making a hiring decision. I release such persons and organizations from any legal liability in making such statements or furnishing any and all information the City may seek.
Initials:
I understand that this application by itself does not create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME, subject to City ordinances, policy, and rights provided by written contract.
Initials:
Signature: Date:



City of Newport Veteran's Preference Form

Under Oregon law, Veterans who meet minimum qualifications for a position may be eligible for employment preference. If you think you qualify, please read the following checklist carefully. Check the box for each item that is appropriate. If you need further explanation or have special circumstances please contact Human Resources at 541-574-0604.

This completed form and the required documentation must be submitted to The City of Newport Human Resources Department at the time you submit your application.

A. Qualified Veteran Questions: You may claim Veteran's Preference if you check at least one box in any of the four sections below and provide proof of eligibility by submitting a copy of your DD-214 or DD-215, Certificate of Release and Honorable Discharge.

<u>ORS 408</u>	3.225 (<u>(d</u>))
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\square I was awarded the Purple Heart for wounds re	
·	certify that the above information is true and correct. I understand that
□ I was discharged or released from active duty	r laws administered by the United States Department of Veterans' Affairs; or of or a disability incurred or aggravated in the line of duty; or
ORS 408.225 (b)	
1. A copy of your DD-214 or 215, Certificate of R	telease and Honorable Discharge, Copy 4, and telease and Honorable Discharge, Copy 4, and telease Department of Veterans' Affairs. To order the letter call 1-800-827-1000 and
	You may claim additional employment preference if you can check at lease provide proof of eligibility by submitting both of the documents listed
	school under military orders, except schooling incident to an active military training as a reserve officer or member of an organized reserve or
from active duty under honorable conditions; or	s of the United States for at least one day in a combat zone and was discharged or released or service in the Armed Forces of the United States.
☐ I served on active duty with the Armed Forces released under honorable conditions because of	
☐ I served on active duty with the Armed Forces released under honorable conditions; or	s of the United States for a period of more than 178 consecutive days and was dis charged o

ORS 408.225-230

Preference will not be awarded without the appropriate documentation. You must submit your DD-214 or 215 in all cases. If you are claiming Disabled Veteran points, you must also submit the public employment preference letter from the Department of Veterans' Affairs. You will not receive preference without these accompanying documents.

**Preference points are allocated as follows 5 points or .05% for Veteran's Preference and 10 points or .10% for Disabled Veteran's Preference where a number systemor points are used to hire candidates. Points are applied at each step of the process that would result in a disqualification for scores.